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TO: U.S. Patent and Trademark Office
Examiner: Michael Cleveland
Art Unit: 1762

DATE: September 6, 2005

FROM: Darius G. Adli

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 24

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MESSAGE:

Patent Application No.: 09/297,483; Our Ref. 81756.0003

I hereby certify that the following documents:

- ☒ Amendment
- ☒ Amendment Transmittal Letter

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

September 6, 2005

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Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8300 ART UNIT 1762

CLIENT NUMBER: 81756.0003

ATTORNEY BILLING NUMBER: 5214

CONFIRMATION NUMBER: 572-272-1418 (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81756.0003
Patent Application No. 09/297,483

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

SEKI, et al.

Serial No: 09/297,483

Confirmation No.: 9831

Filed: July 19, 1999

For: ORGANIC ELECTROLUMINESCENT ELEMENT
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Art Unit: 1762

Examiner: Michael B. Cleveland

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Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	44	-	90	0	LG-\$18 SM-\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	3	-	7	0	LG-\$88 SM-\$43	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145		\$ 0
Independent Claims: 37, 82, 113					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$_____ for the _____ extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON LLP

By:

Darius G. Adli

Registration No. 51,386

Attorney for Applicant(s)

Date: September 6, 2005

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Appl. No. 09/297,483
Amdt. Dated September 6, 2005
Reply to Office Action of June 9, 2005

Attorney Docket No. 81756.0003
Customer No.: 26021

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SEP 06 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Shunichi SEKI, et al.

Serial No: 09/297,483

Confirmation No.: 9831

Filed: July 19, 1999

For: **ORGANIC EL ELEMENT
MANUFACTURING PROCESS AND
ORGANIC EL ELEMENT**

Art Unit: 1762

Examiner: Michael B.
Cleveland

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P.O. Box 1450
Alexandria, VA 22313-1450 on

September 6, 2005

Date of Deposit

Diana Zymn

Name

Signature

9/6/05
Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 9, 2005, please amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.